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CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION

Initial reports of States parties due in 1993

Addendum

PAKISTAN

[25 January 1993]

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I. INTRODUCTION

A. The land and people

1. Pakistan is situated in the north-western part of the subcontinent of South Asia. The country came into being as a result of independence obtained from the British on 14 August 1947 after partition of the Indian subcontinent. The total area of Pakistan is 79.6 million hectares (approximately 796,000 km^2) of which one third is arable land and 4.6 million hectares has forest.

2. Pakistan has extreme variations of temperature depending on the topography. The country, however, has four well-marked seasons, viz.:

Winter (December to March)

Summer (April to June)

Monsoon (July to September)

Autumn (October to November).

3. Pakistan is comprised of four provinces - Punjab, North-West Frontier (NWFP), Balochistan and Sindh, and Federally Administered Tribal Areas (FATA) of the north and north-west. Each province is divided into administrative divisions, districts, tehsils/talukas. There were 25 divisions and 106 districts in the country in 1992. Islamabad, the capital of Pakistan since 1962, lies in the northern part of the country.

4. Pakistan came into being as a result of the demand for a separate homeland for the Muslims of the subcontinent. The large majority of the population of Pakistan is comprised of Muslims with minorities like Sikhs, Hindus, Christians, Parsis (Zoroastrians), etc. The Constitution of Pakistan guarantees the rights of minorities to profess and practise their religion and every administrative position is open to them with the exception of President and Prime Minister.

B. Population

5. Pakistan is the ninth most populous country in the world after China, India, Bangladesh, United States of America, Indonesia, Brazil, Japan and Nigeria. In terms of the Human Development Index (HDI) that takes into account life expectancy, education and income, Pakistan ranks at 120, while Turkey is at 70 and Iran is at 92.

6. In the first decennial census (1951), the population of Pakistan was reported to be 33.8 million while in the last decennial census in 1981 the population was 84.3 million. In January 1992, the population was estimated at 117.32 million with males comprising 52.5 per cent of the population. The sex ratio is estimated to be 111 males per 100 females. Since independence, the population has increased at an average growth rate of 2.9 per cent per annum. The present growth rate of the population is estimated t be around 3 per cent.

7. According to the 1981 census, children under 5 constituted over 15 per cent of the population, and under 15 were 44.5 per cent. The percentage of children would be higher in the rural countryside because of their higher birth rate.

8. The population of Pakistan is unevenly distributed among its various provinces. Punjab is the most densely populated province with about one quarter (26 per cent) of the total land area of the country and more than half (56 per cent) of the total population, while Balochistan, which is the largest province by area (44 per cent of the total land area), has the lowest proportion of Pakistan's total population (5 per cent). The share of population of Sindh is 22.58 per cent against 17.70 per cent of the total area, while the population of NWFP constitutes 13.13 per cent against 9.36 per cent of the total area of Pakistan. FATA comprises 3.42 per cent of area against 2.61 per cent of the total population. The population density in the country increased from 43 persons per square kilometre in 1951 to 106 persons per square kilometre in 1981. The Pakistan Economic Survey 1991-1992 estimated population density as 142 persons per square kilometre.

9. According to the 1981 population census, 72 per cent of the total population of Pakistan was in rural areas. The urban population increased from 18 per cent in 1951 to 28 per cent in 1981. In terms of absolute numbers, the urban population nearly quadrupled from 6 million in 1951 to 23.8 million in 1981.

10. The table below gives the percentage of population by age group, sex and area, on the basis of the 1981 census:

Group	All areas			Urban			Rural		
All ages	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
0-4	15.4	14.3	16.5	15.1	14.2	15.5	15.5	14.4	16.8
5-9	16.0	15.8	16.2	14.9	14.4	15.5	16.4	16.4	16.5
10-14	13.2	13.7	12.6	13.1	13.0	13.2	13.2	14.6	12.3
15-19	9.4	9.8	9.0	10.6	10.7	10.6	9.0	9.4	8.4
20-24	7.8	7.6	8.3	8.8	9.1	8.0	7.4	7.0	7.8
25-29	6.7	6.7	6.6	7.2	7.4	7.0	6.4	6.4	6.4
30-34	5.6	5.5	5.7	5.8	5.9	5.7	5.5	5.4	5.7
35-39	5.1	4.9	5.3	5.3	5.2	5.5	5.0	4.8	5.3
40-44	4.4	4.5	4.9	4.8	4.7	4.5	4.7	4.4	5.0
45-49	3.7	3.7	3.7	3.7	3.8	3.5	3.8	3.7	3.8
50-54	3.6	3.8	3.4	3.3	3.6	3.0	3.7	3.9	3.5
55-59	2.0	2.0	1.9	1.8	1.9	1.7	2.0	2.0	2.0
50- and above	6.9	7.7	6.1	5.6	6.2	5.2	7.4	8.3	6.5

Source: Social Indicators of Pakistan, 1990, Federal Bureau of Statistics.

According to the data in the table above, Pakistan has over 44 per cent of its population in the age group 0-14. If the population in the age group 15-19 is added, the percentage touches the mark of 54 per cent. This shows the youthful character of the population and the importance and need for taking appropriate measures for the proper upbringing of half the population which has to shoulder the responsibilities of the country's future development and progress.

C. Social system

11. In Pakistan, apart from Islamic injunctions and constitutional and legal provisions, the joint or extended family continues to play an important role in the rearing, protection, care and education of children. Under the system, the young ones receive all the needed care and protection from their parents, grandparents and elders in the family, while the aged and infirm get necessary attention from their grown-up children. Thus, the joint family system, in which about three generations usually live under one roof, perform many of the functions that are otherwise carried out by the social security system in the West.

12. It is not out of place to mention that the first five years of a child's life are not only crucial for healthy physical development but also for psycho-social development and learning to become a well-adjusted member of society. The extended family system exercises a strong and beneficial effect in this respect.

13. Although families in urban areas are fast becoming nuclear, family ties continue to remain strong all over Pakistan. The joint family is an accepted norm in the rural countryside where over 70 per cent of the population resides. The family as an institution has thus been effectively looking after their children with little or no direct assistance from the State. Although, in the wake of modernization and industrialization, the age-old customs and traditional values generally get eroded, in Pakistan conscious efforts will have to be made to preserve the family as an institution for the useful role it has played for the survival, protection and development of the child.

14. Institutions have also been providing shelter, protection, care and education/training to children deprived of their families. Although the standard of service of most of the institutions leaves much to be desired, nevertheless they do provide some succour to the lonely deprived children.

D. National economy

15. Pakistan is intrinsically an agricultural country with more than 70 per cent of its population living in rural areas. Agriculture is the largest single sector of the economy, employing more than 50 per cent of the rural population. Agriculture accounts for 24 per cent of the gross domestic product (GDP).

16. In 1990-1991, the average per capita income in Pakistan was estimated at about Rs. 9,000 (US$ 400). The average rural monthly income per household in Pakistan is around one third lower than the per household urban income. Some 30 per cent of the population in Pakistan is estimated to live below the

poverty line and suffers from malnutrition and ill-health. Pakistan also has a low gross domestic savings rate of 13 per cent of GDP. The average annual growth rate of GDP during the period 1985-1990 remained about 5.8 per cent. As for the labour force, it was estimated at 32.82 per cent during 1991-1992, out of which 32.76 million were employed. The unemployment rate thus worked out was 3.13 per cent.

E. Political system

17. Pakistan is an Islamic Republic and follows a federal parliamentary system of democracy. Upon creation of the country in August 1947, a National Assembly was formed comprising members elected from the areas that later formed Pakistan (East Pakistan and West Pakistan). The Assembly adopted an Objective Resolution in 1949 providing a framework for drawing up a constitution for the country that should guarantee freedom and welfare for all its citizens without discrimination, as enunciated in the Holy Quran and Sunnah. The first Constitution of the country was adopted in 1956 and the current one in 1973.

18. The National Assembly is the highest representative body charged with the responsibility of legislation and constitutional amendment, as and when required. The National Assembly elects the leader of the house (Prime Minister of Pakistan). The Provincial Assemblies also act accordingly in their respective jurisdiction. The President of Pakistan is elected at a joint session of the Parliament (National Assembly and Senate) for a period of five years.

F. Child population

1. Definition of the child

19. Most of the local laws regard a person below the age of 18 years as a child except in cases such as employment or in the event of a female contracting marriage.

20. Under the Majority Act of 1875, "every person domiciled in Pakistan is deemed to have attained his majority when he shall complete his age of 18 years and not before". However, the provisions of the Majority Act are not binding on other laws. A child under 18 years cannot vote, cannot file a lawsuit and cannot enter into any contract. There is no bar to his seeking medical consultation without parental consent, but in view of family life in Pakistan evidence is not available on legal or medical counselling sought by children themselves. A child cannot contract marriage below the age of 16 years for females and 18 years for males. Premarital/extramarital sex is prohibited; therefore, the question of sexual consent does not arise. A child under 18 years of age also cannot enlist in the armed forces. Besides, no child under the age of 14 years can be employed in any formal sector.

21. Under the Pakistan Penal Code, no act is considered as an offence which is committed by a child under 7 years of age. Under the same code no act is regarded as an offence if done by child above 7 years of age and under 12 years, who has not attained sufficient maturity to judge the nature and consequences of his conduct on that occasion. The law authorizes the officer

in charge of a police station to release a person under 15 years of age on bail, if arrested for a non-bailable offence. If a child under 18 years is convicted by a court for an offence punishable with transportation or imprisonment, the court may either order him to be sent to a certified school or to the juvenile section of a jail.

22. Administration of an intoxicant without medical prescription to a child under 14 years is a punishable crime. It is also a criminal offence to take or to permit a child to enter a place where liquor or dangerous drugs are sold. Sale of tobacco/cigarettes to a child under 16 years of age is also a criminal offence.

23. However, certain subjects such as maintenance, guardianship, custody of children and inheritance are enforced by the Family Courts on the basis of the Islamic laws, unlike most of the other matters dealt with by the Convention which are covered by the statutory, civil (including family and criminal) laws of Pakistan. These Islamic laws are non-codified, and vary from sect to sect. As a result, these laws are subject to varying interpretations by the courts and the religious scholars depending on their schools of thought and ideological outlook.

24. In general the laws of Pakistan treat the male and female child alike. Few laws define a female child to be below the age of 16 years as opposed to a male child who is stated as being below 18 years of age. Some codified Islamic laws have even lowered this age of the female child by stipulating that it is either 16 years or upon attaining puberty. In certain other matters, like custody of children and inheritance, this non-codified Islamic law maintains a distinction between a male and female.

2. Situation of children

25. The number of children below 15 years of age, estimated around 52 million in 1990, is expected to rise to 74 million by 2000. As a proportion of the total population, they were 41 per cent in 1961 and not less than 44 per cent by 1990.

26. Infant mortality rate in Pakistan is 106 per 1,000 (Economic Survey of Pakistan 1991-92). The causes of death among children, usually from low-income households, reflect a pattern. Over half the infant deaths occur within the first four weeks of life, due mainly to poor maternal health, complications at birth and tetanus infection. Over a third of the post-neonatal deaths occur from intestinal infections from water and sanitation problems and unhygienic weaning practices. The health-nutrition-education-poverty linkage is reflected in the observation that the smaller the household size, the better the educational level of the mother, the fewer the bouts of diarrhoea and the better off the child nutritionally.

27. Another striking aspect of the situation of children is poverty. About 20 million children live in a context of pronounced regional disparities. This estimate is based on the Household Income and Expenditure Survey, 1984-85 which showed that between 20 and 40 per cent of all households are poor and for many of these households, poverty has persisted for generations.

28. Another feature of the living condition of children is the adversity they face in the socio-physical environment of life, particularly in the larger cities. Of the total 16.7 million children in urban areas, nearly 7.5 million live in under-serviced or unserved peri-urban settlements, dilapidated inner city areas, squatter settlements on private land and katchi abadies recognized by the Government for grant of tenure rights. Environmental problems are on the increase. Provision of safe water and proper sanitation is inadequate, which has a direct bearing on the state of material and child health.

29. Poor health along with lack of education perpetuates poverty, further decreasing the human capacity to cope with it. Malnutrition persists widely and hardly any significant change in the nutritional status of a large majority of children has taken place in the past despite economic development and growth in per capita income, mainly because of a high population growth rate in the country.

30. In order to offset low per capita incomes, the poor are constrained to use their large family size to increase their participation in the labour force - the additional work effort coming from women and children. Among the poor, some 12 per cent of children (10-14 years) work - many in unhealthy trades for pitiful wages. There are at least 8 million working children who remain away from school. The incidence of child labour varies significantly among the provinces and between rural and urban areas. More poverty among rural households coupled with the nature of agricultural work contributes to greater child labour in rural areas.

G. Ratification of the Convention on the Rights of the Child

31. Pakistan ratified the Convention on 12 November 1990, with a general reservation that its provisions shall be interpreted in the light of principles of Islamic laws and values. Practically no provision of the Convention comes into direct conflict with any of the major precepts of Islam, barring the matter of adoption for which an appropriate provision has already been made in the Convention. Pakistan has, therefore, committed itself to achieving the rights of the child - rather of the "whole child" and of "all children" in the development perspective.

H. Institutional arrangements for child welfare and development

32. The existing institutional arrangements for child welfare activities rest with various federal ministries/divisions and provincial departments concerned with relevant subject matters. Prominent among these are: health, education, religious and minority affairs, law and justice, interior and special education and social welfare, etc.

33. Within the Federal Ministry of Special Education and Social Welfare, the National Commission for Child Welfare and Development (NCCWD) is the lead agency, charged with the responsibility of establishing linkages, maintaining liaison and affecting coordination of policies and programmes relating to the Convention. At provincial levels, commissions for child welfare and development have also been set up with government and non-government

representation for promotion of child welfare activities. In addition, NGOs also play a significant role in providing welfare services to the children in the country.

II. RIGHTS OF THE CHILD: MEASURES ADOPTED TO HARMONIZE NATIONAL LAWS AND POLICIES

A. Constitutional provisions

34. Pakistan, in compliance with the authority of its Constitution, undertakes to guarantee all the economic, social or cultural rights of the child. The "Fundamental Rights" under the Constitution cover most of the provisions of a number of articles of the Convention. The Constitution clearly lays down that all such laws that are inconsistent with the Fundamental Rights shall be void. Article 8 of the Constitution further strengthens this contention by providing that no law shall be passed which in any way takes away or limits the Fundamental Rights. Thus, the rights of the child to freedom of thought, conscience, association, peaceful assembly, etc. are ensured, subject to any reasonable restrictions imposed by laws in the interest of public order, morality, sovereignty, or integrity of the country. Likewise, Pakistan has already undertaken to protect the child from all forms of sexual exploitation and sexual abuse. Pakistan has laws for preventing the inducement or coercion of a child to engage in any unlawful sexual activity; for preventing the use of children in prostitution or other unlawful sexual practices as well as for preventing the exploitative use of children in pornographic performances and material. Similarly, the country has laws for the prevention of abduction, the sale of or traffic in children for any purpose or in any form. Article 11 (2) of the Constitution prohibits all forms of forced labour and traffic in human beings (including children).

B. Compilation of existing laws

35. The existing legislation concerning children is in the process of compilation in one single document. It will facilitate an overview of legal protections available for children to organizations and individuals concerned with children.

C. Laws under revision

36. The following laws are currently in the process of revision in the light of the provisions of the Convention:

(a) Guardians and Wards Act, 1890;

(b) Child Marriages Restraint Act 1929.

D. Study of prevalent laws

37. Prior to the ratification of the Convention by Pakistan, the United Nations Children's Fund (UNICEF) sponsored a study of Pakistani laws with reference to the Convention on the Rights of the Child. The study revealed that provisions of the Convention were generally comparable with the provisions of the Constitution of Pakistan as well as prevalent laws.

38. With a view to making Pakistani laws directly comparable with the provisions of the Convention keeping in view the local socio-economic, religious and cultural conditions, structural changes needed in some laws can well be accomplished in due course on the basis of the experience gained and the need for such a change recognized by the elected representatives of the people in the Parliament. Suffice to say that while none of the constitutional provisions and the existing laws come into direct conflict with the Convention on the Rights of the Child, the main constraint in the way of its full implementation is lack of available resources.

E. New laws enacted/in process

1. Enactment of Employment of Children Act, 1991

39. The Employment of Children Act was enacted on 6 April 1991 to give effect to the relevant articles of the Convention on the Rights of the Child. The Act prohibits the employment of children in certain occupations and regulates the conditions of their work. The Act clearly states that no child below the age of 14 years shall be engaged in any factory or mine or any hazardous employment. The list of hazardous occupations and processes where employment of children is prohibited under the Act is contained in annex I.

40. The Act also ensures protection of children from economic exploitation and from performing any work considered hazardous and harmful for their health and lays down the standard legal definition of the term child and removes the anomalies resulting from different age limits prescribed in different laws.

41. Under the provisions of the said Act, the employment of a child below the age of 14 years is a cognizable offence and is punishable with imprisonment for a term which may extend to one year or with a fine which may extend to Rs. 20,000 or with both. The law prescribes punishment for subsequent offences with imprisonment which shall not be less than six months and may extend to two years. For other offences, the punishment shall be one year or with fine which may extend to Rs. 10,000 or with both.

42. The said Act provides that the period of work on each day shall be so fixed that no period shall exceed three hours and that no child shall work for more than three hours before he has an interval of at least one hour for rest. The working day for children of prescribed age, therefore, shall not exceed seven hours including the time spent in waiting for work on any day and no child shall be allowed to work at night and for overtime. Every child who is employed in an establishment shall be allowed in each week, a holiday of one whole day.

43. Effective implementation and enforcement of the Act is the direct responsibility of the Labour Division as well as provincial Labour Departments. The provincial Labour Departments have been asked to appoint/notify inspectors for the implementation. They have also been desired to send annual reports of implementation of the Act. The Government of Sindh has already notified the inspectors, while others are arranging to do so.

44. The appointment of a National Committee on the Rights of the Child consisting of a Chairman and 10 other experts of high moral standing and

recognized competence is under consideration in the Ministry of Labour. The Committee would suggest appropriate measures and programmes to protect children from all possible ill-effects of industrial activities and in off-the-work situations so that children are given adequate protection from the hazardous processes and practices identifiable in the various facets of economic activity.

45. It is time to recognize that while eradication of child labour remains the ultimate objective, the conditions prevailing in the country will not permit it in the near future. Legislation must thus urgently be supplemented by pragmatic policies aimed at the protection, welfare and development of the working child, otherwise deprived of some of his most fundamental rights. If Government and voluntary agencies are willing to join hands to combat the abuses of child labour, there exists a range of opportunities for action.

2. Comprehensive laws on narcotics

46. Suitable provisions in the draft comprehensive laws have been made in conformity with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. That will also cover provisions of article 33 of the Convention on the Rights of the Child.

F. Islamabad Declaration on Survival, Protection and Development of the Child

47. In pursuance of the article 42 of the Convention a national conference was organized in December 1991. It was represented by parliamentarians, jurists, politicians, professionals, planners, social scientists, mass media experts, artists, religious scholars, intelligentsia and practitioners in the Government as well as non-governmental organizations. The conference deliberated on priority areas of survival, protection and development of children and sought consensus on the goals and strategies set out in the National Programme of Action (NPA) for children in the 1990s. The conference concluded with:

(a) Adoption of the Islamabad Declaration on Survival, Protection and Development of the Child (annex II). It declared that the people and Government of Pakistan have the responsibility to give top priority to all steps at the national, provincial and grass-root levels for the full utilization of their rights as guaranteed by the Convention on the Rights of the Child and urges the early formulation, adoption and implementation of the NPA aimed at sound investment to assure a bright and better future to every child in Pakistan;

(b) The establishment of a National Children's Fund to augment the resources for survival, protection and development of children.

G. National Programme of Action (NPA) for children in the 1990s

48. As one of six initiators of the World Summit on Children held in 1990 and signatory to the World Declaration on Survival, Protection and Development of Children, Pakistan is committed to translate global goals for children and development in the 1990s. That commitment was further reinforced by the Mali

Declaration of November 1990. The Government of Pakistan has accordingly formulated the National Programme of Action for children in the 1990s, which reflects the long-term perspective plan to meet unmet basic needs of children. The NPA has been conceived in the context of the Social Action Plan (SAP) which is among the priority areas of the Eighth Five-Year Plan (1993-1998). The NPA is not an additional programme but a component of the SAP and Eighth Five-Year Plan.

49. The NPA was formulated in pursuance of the Plan of Action for implementation of the World Declaration on Survival, Protection and Development of Children during the 1990s at a time when national policies in health, population welfare, education, water and sanitation were being reshaped in the context of human development needs. It was formulated by an Inter-Ministerial Task Force (annex III) lead by planners and approved by the Eighth Plan SAP Committee (annex IV).

50. The NPA sets goals to be achieved up to the year 2000 (annexes V and VI). A synthesis of those goals is given hereunder:

(a) Reduction of 1990 infant mortality rate by 50 per cent or to 50 per 1,000, which ever is less;

(b) Reduction of under-five mortality rate by 50 per cent or to 70 per 1,000, whichever is less;

(c) Reduction of maternal mortality by half of the 1990 level;

(d) Reduction of wasting due to malnutrition of children (under five years) to half of 1990 level;

(e) Reduction of stunting due to malnutrition of children to half of 1990 level;

(f) Access to safe water supply:

Urban: 100 per cent
Rural: 80 per cent

(g) Access to basic sanitation facilities:

Urban: 100 per cent
Rural: 50 per cent

(h) Access to primary education:

Male: 100 per cent
Female: 80 per cent

(i) Reduction of illiteracy by half of the 1990 level:

Male: 71.3 per cent
Female: 46.6 per cent

(j) Protection to children in difficult circumstances:

05-14 years:	4 million
10-14 years:	1 million
Disabled:	reduce incidence by half
In labour camps:	virtually eliminate
In prison/remand and other homes:	3,000
Drug abuse:	virtually eliminate

51. In Pakistan's structure of government, the responsibility and resource for action in the social sectors rests with the provincial governments. The National Programme of Action, however, provides the framework for formulation and coordination of detailed and feasible programmes by each province towards the common goals.

III. POLICY, PLANS AND RIGHTS OF THE CHILD

A. Policy and options

1. The policy

52. The main thrust of social policy and planning in the 1990s will be to promote the national goals in a mutually reinforcing manner within the social sectors and between the economic and social sectors. In this scheme, the "goals for children and development in the 1990s" will receive the first priority.

53. Pakistan is committed to the Expanded Programme of Immunization (EPI) programme with its objectives of reaching goals like eradication of poliomyelitis, elimination of neonatal tetanus, reduction by 95 per cent in measles deaths and 90 per cent in cases and achieving/maintaining immunization coverage of at least 90 per cent, including tetanus toxoid coverage for pregnant mothers.

54. The nutritional status of expectant and lactating mothers will be given special emphasis. During antenatal care, the nutritional status will be measured for degree of anaemia and weight gain. It will be corrected by supplemental iron and additional food, particularly during the third trimester of pregnancy.

55. Infant care will be provided through weight-monitoring, information on introducing of supplemental food at four months, full immunization, and early treatment of diarrhoea and acute respiratory infections. Growth of preschoolers will be watched with necessary interventions at appropriate stages.

56. Primary education shall be recognized as a fundamental right of children and made free and compulsory to ensure universal enrolment by the year 2000. Privatization of primary education will be encouraged to achieve that goal.

57. The massive but scattered problem of children in a variety of difficult circumstances would be addressed by strengthening awareness and capacity at the community level with policy, technical and financial support from the Government.

2. Strategic options

58. The World Summit Declaration and Plan of Action underline the imperative to mobilize all segments of society to achieve the goals for children - starting with the family and building up to the community, national and international levels. Country-specific efforts in this regard must fit in with a strategic framework of long-term social development. Operational strategies in such sector corresponding to the goals have also to be consistent with and held together by an overall approach.

59. In this strategic perspective, and taking into account the current fiscal situation and the need for structural changes in economic policy, the NPA envisages steady, concurrent movement over the coming years in the following directions:

(a) The Government will play a decisive role in achieving the goals by providing political, legislative, professional and financial support and by continuing to assume direct responsibility for managing social development programmes until the stage when the communities are in a position to manage such programmes themselves;

(b) Communities in villages or urban settlements, prominently including women from poverty groups, will be assisted to be organized, aware of the nature of the problems facing them and active in achieving the goals mainly on their own, but with support from Government and voluntary agencies;

(c) A principal means of community mobilization will be the interactive process of social communication which will be promoted and expanded through mass media and interpersonal modes through both modern and traditional channels;

(d) The interest and potential of voluntary, professional, humanitarian and other private and non-governmental organizations will be energized and where necessary supported to play a crucial role in achieving the goals;

(e) In support of the above, and in view of the critical interdependence of the goals, it is essential that functionaries under various ministries working at the different levels - Union Council, District Council, Province and Federal - should work as a team, and a coordinated annual action plan in a decade perspective within the framework of national goals set for children should be drawn up by the respective administrative jurisdiction with a special unit set up for planning, managing and monitoring the goals;

(f) For this purpose, and in the interest of decentralized planning, the goals of the decade will be desegregated not only by province, but also by district. The District Councils and the Union Councils will be fully involved in and made responsible for achieving the goals for each district. Within each province a phased approach will be planned, so as to move during the

decade towards full provincial and national coverage and qualitative achievement. There will, however, be no let-up in the nation-wide programmes, which will be complementary in nature and enhanced across the country.

B. The plans

60. The rights of the child correspond to the duties of adult society and these are substantially reflected in the cluster of goals related to the survival, protection and development of children.

61. Pakistan is committed to pursue the norms of justice and equity, which the Convention propagates as values integral to human development and to the protection of vulnerable groups like children. National laws, where necessary, will be reviewed and reformed in conformity with the Convention and used as source of regulatory and educational support to adults as well as children for implementing the NPA.

62. In the spirit of the conclusions reached by the Conference on South Asian Children (October 1986) of the South Asian Association for Regional Cooperation (SAARC), Pakistan is committed to achieving the rights of the child in the development perspective of the "whole child" and of "all children".

63. In view of the existing situation, it was considered imperative to take comprehensive measures to ameliorate the conditions in the country on a priority basis. As noted above, the NPA was prepared by an Inter-Ministry Task Force as a contribution to the Social Programme (SAP). The SAP is integral to the Eighth Plan 1993-98, which brings together the economic, environmental and social dimensions of national development, so as to translate economic development into social gains, with focus on the new generation.

64. The global goals have been revived by the Task Force and adapted to the realities of Pakistan. The national goals, outlined in annex V, give an indication, wherever possible of the past trend, as well as of the quickened pace necessary to reach the targets in time.

65. Social development programmes come mainly within the purview of the provinces. Accordingly, the goals will be desegregated by provinces as part of provincial Social Action Programmes. Inter- and intra-province disparities, which are known to exist, will require that some provinces have to move faster than the others. The provincial budgets for 1991-92 which reflect the awards of the National Finance Commission for revenue-sharing show an increase of 34 per cent in social sector spending over 1990-91. This will bring substantial additional benefit to children and women in the country.

1. Education programme

66. During the 1990s, Pakistan will aim at a completion rate at the primary level, defined as the completion of class 5, of 80 per cent of all 10 year olds in the country. This calls for strenuous and sustained measures and efforts to create an effective demand for education by ensuring its quality and relevance.

67. Primary education is a "provincial subject", therefore, the provincial governments, non-government organizations, the private sector and community organizations should work together to achieve the goal, by locality and by district.

68. The new education policy has spelt out measures which will provide for a mix of government, private sector, voluntary and community initiatives for 80 per cent completion of primary level education by the year 2000. The second channel of Pakistan Television (PTV) has been commissioned to support the education system.

69. Voluntary agencies, especially women's organizations, will be supported for creating community awareness and motivation. Their capacity will be enhanced to help organize community-based and community-oriented programmes. Collaboration with voluntary organizations would include support to strengthen and expand projects for female literacy and functional education (including health and nutrition education and child care) for adolescent girls and women.

2. Water and sanitation

70. The following criteria will determine the provision of water supply/sanitation facilities:

(a) Priority will be given to those areas where fresh groundwater is not available at a reasonable depth and water has to be fetched from distant sources. Similarly, greater consideration will be given to areas where the rural population is relying on surface water (canal/rivers) which is unhygienic;

(b) In areas where people have installed their own hand pumps, priority will be given to sanitation and waste disposal schemes;

(c) Piped water supply systems (where pumping sets and overhead reservoirs are involved) will be restricted to bigger villages with populations ranging from 3,000 to 5,000;

(d) Hand pumps will be supplied to smaller villages for cheaper provision of safe drinking water;

(e) Initial delivery systems will be based on community standposts, storage tanks, etc. No house connections will be provided.

3. Health services

71. Some of the operational principles already being followed in the Seventh Plan are as follows:

(a) Emphasis on improving the quality of health care at all levels; preventive programmes like immunization, training of birth attendants, control of diarrhoeal diseases and malaria;

(b) Provision of outreach services by properly trained health auxiliaries, one per census village;

(c) Involvement of community at all levels by creating autonomous boards, governing bodies, management committees and health committees;

(d) Introduction of a nationwide school health service;

(e) Bring about improvement in emergency and allied services;

(f) Regulation of fertility as a focal point of primary health care;

(g) Removal of imbalances in health manpower development with special emphasis on enhanced supply of specialists, nurses and paramedics;

(h) Introduction of health insurance, at least for critical illness, while extending employees' social security; and

(i) Improvement in managerial capacity of the public health system.

72. New initiatives are being undertaken for:

(a) Provision of a village auxiliary in each census village to facilitate access to basic health units and rural health centres;

(b) Provision of primary health care centres in urban areas to reduce congestion in hospitals;

(c) Improvement of management of the public health system; and

(d) Promotion of child spacing as an integral component of the nationwide health care network.

73. A national health policy is being framed for 1990-2000 in support of these objectives with emphasis on preventive and promotional aspects. Services will be provided through a network of primary, secondary and tertiary health care facilities. The main emphasis will be on the improvement of quality of care in the public health system. For this purpose, health manpower will be trained in management and the facilities will be modernized in deficient areas.

74. The health sector priorities are mainly:

(a) Improved coverage and sustainability of immunization of children and women;

(b) Wider access and use of oral rehydration salts by the mothers when their children suffer from diarrhoea;

(c) Provision of trained birth attendants, at least one per village, and their better utilization by the communities;

(d) Community-scale acceptance and use of child spacing devices;

(e) Management of acute respiratory infections among children;

(f) Improved functioning of primary health care facilities particularly in the rural areas; and

(g) Upgrading secondary health care facilities, with the district and tehsil hospitals functioning as referral centres for the management of high risk pregnancies, diarrhoeal diseases and acute respiratory infections among children.

75. These priority areas require that a wide range of services should effectively link the communities with primary health care facilities and the tehsil and district hospitals. The packages of interventions are mutually supportive. Most of the services do exist but linkages with communities are weak particularly in the rural areas. Hence, the need to develop new communication skills to influence health workers' attitudes and the community's health behaviour.

76. The main strategy is to enhance mother-and-child health services at the nearest possible location for the community. This includes strengthening of the existing health delivery system by training the health care providers and broadening the base of health delivery by a new cadre of health care providers, namely community health workers (CHW). This measure will allow integration of the existing vertical preventive health programmes into the regular health system in a sustainable and affordable manner and steadily cover the entire population.

77. Priority will be given for selected health programmes specially geared to the health and nutrition goals of the NPA, including new schemes like community health workers, safe motherhood and school health.

78. The EPI programme has achieved high coverage by mainly using outreach/mobile teams. At present only 30 per cent of immunizations are performed at fixed centres, making the bulk of the programme expensive and difficult to sustain. Efforts will therefore be made to create the demand and provision of services from fixed centres of easy access for the settled population. This will also release the teams to reach the geographically or culturally hard-to-reach groups including the urban poor living in unauthorized settlements, brick kiln workers, migrant labourers and agro-pastoral groups. District health officers are responsible for defining and monitoring the population in their areas every month. In urban areas where municipal councils have their health delivery outlets, these will be included in the EPI network, together with major voluntary agencies operating in the low income areas. Under the Polio Eradication Plan, case detection and outbreak monitoring will enable the programme to identify areas/population groups still unreached. The plan of action includes mopping up operations in the areas where these cases are detected, using all antigens and not only polio. Special attention will be given to low income urban areas where the risk of contracting measles before nine months of age is high. The EPI programmes will liaise with the programme for children in especially difficult circumstances (CEDC) for detecting and including children who are not covered at present.

79. Tetanus toxoid coverage for pregnant women has reached 71 per cent. However, more efforts are needed to reach 90 per cent and especially the mothers most at risk. Surveys conducted by Global 2000 still report high incidence of neonatal tetanus. Further analysis of the survey report will give more information about the risk groups. At present, one clear finding is that cases tend to occur in the same family, pointing to the failure of the EPI to give protection for families known to be at risk. Advocacy for neonatal tetanus elimination will be one of the duties of CHWs when the programme will experiment with the use of CHWs in administering tetanus toxoid.

80. The programme for control of diarrhoeal diseases (CDD), during its next phase, will concentrate on reaching a larger number of health care providers with practical training in management of diarrhoea, including reaching the communities/families with information on how to take care of a child with diarrhoea and how to prevent diarrhoea.

81. An estimated one third of infant deaths occur due to acute respiratory infections. The national control of acute respiratory infections (ARI) programme aims to reduce mortality due to pneumonia in children below five by a third of the 1990 levels. Parents will be given messages about ARI and told when to look for help from the health professionals. However, media campaigns will be used for imparting messages only when the services are available and health staff have been trained in ARI management.

82. The primary health care (PHC) programme is seen as a multifaceted programme. Some of its components are better defined than others but all aim at reaching the same goals. Immediate measures include the training of a female CHW per village in one district of each province (total: 1,800 CHWs). The CHWs' duties will include basic mother and child health services, growth, monitoring, advocacy/assistance in immunization, counselling on birth spacing, health and hygiene education and minor ailments.

83. In order to have a successful CHW programme the services in the nearest health facility need to be improved, the staff have to be trained in primary health care and a functioning supervisory plus referral system developed. If there is a municipal health service available, it will also be included in the programme. CHW training will be organized both in rural and urban areas identified by the local council/authority.

4. Nutrition

84. Malnutrition among children and pregnant/lactating mothers continues to be an acute problem, little improvement having occurred in the past decade. The targets relating to moderate and severe malnutrition for the NPA aim at a reduction by 50 per cent. The following detailed targeting has been done to accelerate action on all fronts.

Protein/Calories malnutrition	1990	1993	1995	1998	2000
Low Birth Weight Babies %	25	20	15	13	10
Percentage of mothers breastfeeding:					
4-6 months (exclusive)	90	95	96	98	100
12 months	50	75	80	90	100
Children below 5 years %					
stunted	46	39	35	28	23
wasted	15	13	11	9	7
Daily per capita calories supply as % of requirements	100	102	103	104	107
Percent of household income spent on food	54	55	53	50	50
Micronutrient malnutrition %					
- Iodine deficiency disorders	3.0	2.0	1.5	1.0	0.0
- Vitamin-A deficiency: Xerophthalmia	1.0	1.0	0.5	0.3	0.0
- Iron deficiency anaemia in Women: Haemoglobin level %	45.0	23.0	20.0	17.0	13.0

85. Specific major activities in the field of nutrition are:

(a) Nutrition policy planning, coordination and support;

(b) Infant feeding;

(c) Control of iodine deficiency disorder (IDD);

(d) Prevention of vitamin A deficiency;

(e) World Food Programme-supported initiatives;

(f) PL-480 self-help measures for improvement of nutrition;

(g) Growth monitoring and nutrition surveillance;

(h) Control of anaemia among vulnerable groups;

(i) Nutrition support and training; and

(j) Research.

86. In addition, comprehensive projects will be designed specifically for maternal nutrition education, IDD control and vitamin A deficiency. Nutrition programmes will be launched through mother and child health centres and other health outlets. An integrated programme of training will be started to support a package of services - nutrition, diarrhoeal disease control, EPI and ARI.

5. Child labour

87. In rural areas of Pakistan, child work has been accepted as a norm and usually takes place within the family structure. Child work assumes the form of child labour when a child's services are hired on wages. Efforts are being made under the NPA to mitigate child labour.

88. The NPA aims to virtually eliminate kidnapping, forced labour and drug abuse. The strategy to achieve this will include following major planks:

(a) Promotion of advocacy, starting from the highest political level to the communities, as well as families, for social action to meet the needs and problems of children in difficult circumstances;

(b) Community-based activities to promote family, government and non-government efforts to safeguard the rights of the child;

(c) Ensuring greater coordination among social sectors to improve the quality of life leading to prevention of risks to the normal growth and development of children;

(d) Establishment of resource and information centres at appropriate levels; and

(e) Establishment of training centres for the personnel (both government and non-government) working for children.

89. The most important areas of action identified are:

(a) Review of legislation, to be completed by 1993;

(b) Basic education services for children, social education of parents, families and communities;

(c) Health services;

(d) Social welfare and community facilities;

(e) Inter-agency coordination.

90. Under NPA, the following activities will be carried out:

(a) Review of protective child legislation, in view of Pakistan's commitment towards implementation of the Convention on the Rights of the Child, within the Pakistani framework and to propose effective mechanisms to address or prevent the problems of children in difficult circumstances;

(b) Organization of conferences and seminars to enhance social awareness of the needs of children in difficult circumstances;

(c) Organization of training workshops for master-trainers, middle-level supervisors and field workers;

(d) Surveys/research to assess the magnitude of risks of child abuse, neglect and exploitation, so as to sensitize social development;

(e) Motivation of voluntary agencies to undertake preventive and promotional services for children in difficult circumstances;

(f) Counselling and guidance for guardianship and foster care of abandoned, orphaned and destitute children;

(g) Introduction and extension of early learning programmes for children;

(h) Introduction of early detection, assessment and referral services for disabled children;

(i) Establishment of more remand homes/reformatory schools for young offenders;

(j) Establishment of legal aid centres to guide and protect children from abuse, neglect and exploitation;

(k) Encouraging the establishment of children's libraries, parks and playgrounds;

(l) Expansion of special education programmes;

(m) Promotion of integration of disabled children in normal education to the extent possible.

6. Children with disabilities

91. Reliable data about the incidence of disability among children is not available. The NPA indicates that about 5 million children aged 0-14 years have one disability or another. Under NPA, a 50 per cent reduction of incidence is targeted. While the health sector aims to promote prevention of disability including that caused by micro-nutrient deficiencies and immunizable diseases through early detection and support of community-based rehabilitation, specific programmes to implement these strategies are still deficient. This is due to lack of facilities, training capacity and organizational and service delivery infrastructure.

92. Special education services for disabled children, although inadequate, are receiving great importance in the government as well as non-government sector. At present 12,475 children are receiving special education in 210 special education centres run by governmental and non-governmental organizations in the country. The vocational training and rehabilitation needs of disabled children are also receiving attention.

C. Monitoring arrangements for the goals

93. The first step towards monitoring is to identify a set of social indicators and process indicators desegregated on the basis of age group and gender, which will be used for keeping track of progress towards each of the

major and supporting goals included in the NPA. The indicators of 1991, as shown in annex A, will be reconfirmed and a coordinated system developed by the Statistics Division, jointly with UNICEF, to monitor changes in these indicators at the national level and at intervals appropriate to each goal.

94. The indicators will be determined for each province, Azad Jammu and Kashmir (AJK) and federally administered areas on the basis of information collected and analysed at that level. The monitoring system will take care of this need.

95. The next step would be to strengthen the existing mechanisms managed by the Federal Bureau of Statistics for regular collection at the district level of information relevant to the programme goals, defined for the district. The technical inputs and staff training required for the purpose will be arranged in collaboration with UNICEF. The Pakistan Institute of Statistical Training and Research will design and impart necessary training in data collection, survey techniques, sampling methods, data analysis and reporting procedures for personnel designated to monitor the goals. The provincial bureau of statistics will be relied upon for data analysis.

96. Institutional arrangements will be specially developed to gather information and prepare indicators based on periodic performance of numerous projects and activities carried out under a variety of agencies in social sectors such as mother-and-child health, disease control, protein-energy and micro-nutrients status, drinking water supply, sanitary facilities, primary education, literacy and children in a variety of difficult circumstances. It would be necessary to present many of these indicators disaggregated by male-female and rural-urban categories and, where relevant, by age group.

97. Data in respect of several indicators are routinely generated at present. Their quality and frequency need to be assured. For certain indicators such as maternal mortality and birth weight, appropriate sources have to be identified and energized. Periodic surveys would also be necessary to generate and/or validate data.

98. The various types of data actually originate from the community. Progressively, communities would be helped to own and monitor the cluster of goals as well as related services, through simple mechanisms managed by them and feeding in to the district-level system. This process will strengthen and expand local involvement in the system.

99. Pending the setting up of the monitoring arrangements outlined in the Islamabad Declaration (Annex-E), the progress towards the goals will be reviewed quarterly by an Implementation and Monitoring Committee (IMC) based on data monitored and supplied by the sponsoring/implementing agencies at the federal and provincial levels. The secretaries of the federal ministries/divisions concerned and the additional chief secretaries/chairmen of provincial planning and development departments/board would represent the sponsoring/implementing agencies. Each of the federal ministries/divisions, as well as the provincial planning and development departments/board, will designate a focal point to link effectively with the IMC. These arrangements

will, however, be subject to periodic review to ensure that the NPA is monitored as part of the Social Action Programme by the Planning and Development Division.

IV. CHILD SURVIVAL, PROTECTION AND DEVELOPMENT: PROGRESS MADE

100. Government's own views as well as the reports prepared by international agencies including the World Bank, UNDP and UNICEF point towards the long-term unsustainability of economic growth unless strategic shifts are made to improve social sector performance. Rapid growth of population has further aggravated the problem. Consequently, there is great pressure on services and the national development efforts are not bearing the desired results.

101. The following paragraphs describe progress made in some of the vital areas addressed by the Islamabad Declaration on Survival, Protection and Development of Children (see annex).

A. Health services

102. Pakistan along with other nations of the world is a signatory to the Alma-Ata Declaration of 1978 for the provision of health care to every citizen through the primary health-care approach, which also includes all support facilities necessary for the survival and development of the child, and subsequent resolutions of the World Health Assembly aimed at the achievement of Health for All by the year 2000.

103. In Pakistan, the federal Ministry of Health and provincial health departments provide health-care services through hospitals and other health outlets. A number of NGOs augment these services but only 55 per cent of the population has access to health services. In the rural areas the access is limited to 35 per cent, whereas almost all the urbanites have this access. In the health policy, specific attention is given to reducing infant and child mortality, curtailing severe undernutrition among children and mothers, and improving child survival and safe motherhood. The total health expenditure is about 3.5 per cent of GNP. There is one doctor for 2,910 people and one nurse per 4,900 people.

104. Conscious of the fact that health facilities are not adequate, the Government is trying to improve the health and nutrition status of the people through promotional, preventive and rural health services. Specific efforts are being made to provide greater health facilities in the rural areas and to improve the quality of health services. A cadre of community health workers to act as a bridge between the community and health units through SAP is being created. Medical facilities are also being increased and diagnostic and treatment facilities are now available for diseases like cardiovascular diseases, cancer, AIDS, tuberculosis and leprosy. Programmes for child survival/primary health care, drug abuse and nutrition are being strengthened and improved.

105. The infant mortality rate was around 150 to 180 deaths per 1,000 live births at the time of independence in 1947. This has declined to less than 100 in 1991, mainly due to improved health services and a successful immunization programme. Available evidence suggests that slightly more than

one third (36 per cent) of all deaths occur during infancy in Pakistan. Moreover, one third of all infant deaths occur within one week of birth. An additional 22 per cent of deaths occur in the second to fourth week. In other words, more than half of infant deaths are neonatal deaths that occur within four weeks of birth.

106. In order to combat high childhood morbidity and mortality due to infectious and communicable diseases, an immunization programme was initiated in 1978 to protect infants and young children against six common diseases and pregnant mothers against tetanus. This programme was greatly accelerated in 1982 with the collaboration of WHO and UNICEF. The Expanded Programme of Immunization is a major component of this scheme designed to provide universal immunization. The EPI Coverage Survey in January, 1991 found that the programme covered above 80 per cent of children (0-11 months) for all antigens except measles.

107. The Government has also launched an accelerated health programme (AHP) to provide immunization coverage to children and the training of traditional birth attendants (TBA) in each village. Under the programme, more than 86 per cent of children under two years of age and 76 per cent of children under five years have been fully immunized. As a result, the programme is saving 100,000 children from death and 45,000 from being disabled every year.

108. Maternal deaths, associated with complications of pregnancy and childbirth, are quite high. Four out of five deliveries are attended by traditional birth attendants or elderly women. Repeated and closely spaced pregnancies and births coupled with high parity pregnancies are found to result in a high incidence of maternal deaths. In Pakistan, it is estimated that around 500 maternal deaths occur per 100,000 live births.

109. High maternal mortality is a priority area as it has a direct adverse effect on survival, protection and development of the child. Under the health policy, coverage is provided to mothers through ante- and postnatal services performed at maternal and child health centres. These efforts are complemented by projects focusing on child survival and nutritional status through growth monitoring, adequate food supplementation and the promotion of breast-feeding. The child health-supporting goals of national health policy include eradication of poliomyelitis by the year 2000; elimination of neonatal tetanus by 1995; reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995; reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and a 25 per cent reduction in the diarrhoea incidence rate; reduction by one third in the deaths due to acute respiratory infections in children under five years and protection of 30 per cent of couples by family planning methods.

110. The life expectancy at birth has increased from 35-38 years at the time of independence to close to 60 years around 1990. The single largest increase in longevity occurred after the 1960s. In the past, males in Pakistan, on the whole, enjoyed a longer life expectancy (3-4 years longer than females) because of higher female mortality at younger ages and during the reproductive years. Recently, this difference has been reduced.

111. The Government is committed to improving the quality of health services and the coverage of primary health-care services, especially in the rural areas, through its Basic Health Units and Rural Health Centres. The provincial health departments of the respective provinces also provide these services through their outlets. During 1991-92, 80-90 per cent of the physical targets of the rural health programme and hospital beds, 88-98 per cent of the targets of health manpower and 85-100 per cent of the targets under the preventive programme are likely to be achieved. This is reflected in the table below:

Physical targets and achievements, 1991-92

Subsector	1991-92 target (Number)	1991-92 achievements (Number)	Percentage achievements
A. Rural Health Programme			
1. BHUs	282	230	81
2. RHCs	26	21	80
B. Hospital beds	1 779	1 400	79
C. Health manpower			
1. Doctors	3 875	3 800	98
2. Nurses	2 200	2 100	95
3. Dentists	180	170	94
4. Paramedics	5 250	4 620	88
D. Preventive programme			
1. Training of TBAs	8 000	7 200	90
2. Immunization (000)	3 871	3 290	85
3. Oral rehydration salt (million packets)	112	112	100

Source: Planning and Development Division.

112. The private sector is also contributing in providing medical services to the people. In 1991, there were 8,729 private medical practitioners in Pakistan.

113. In total, the number of registered doctors has increased from 47,289 in 1989 to 55,772 in 1991 or by about 18 per cent. Registered nurses have increased from 15,861 in 1989 to 18,150 in 1991 or 14.4 per cent.

B. Nutrition

114. In spite of substantial improvement in the total food supply situation, malnutrition continues to be one of the serious problems in Pakistan. Though breast-feeding has remained the norm, breast milk is often improperly supplemented and weaning can take place too early or with the wrong foods.

As a result of these factors and sheer poverty, only 43 per cent of children nationwide are well-nourished. Besides protein energy malnutrition, there are serious problems of iron, iodine and vitamin A deficiencies.

115. However, the availability of major food items in terms of calories per capita has decreased slightly due to less availability of cereals. The overall availability of calories for 1991-92 per capita is estimated at 2,318 per day which is lower than 2,360 calories achieved last year. It is 9.1 per cent lower than the Recommended Dietary Allowance (RAD) which is 2,550 calories.

116. The protein intake in 1991-92 is 62.10 per capita/grams per day which is almost the same achieved during last year (1990-91) (62.02 per capita/grams per day). However, food availability and per capita calories/protein availability in 1989-90, 1990-91 and 1991-92 is shown in the table given below.

Food availability

Items	1989-90	1990-91	1991-92 (Estimated)
Cereals	164.74	145.17	144.10
Pulses	5.37	6.53	6.61
Sugar	27.02	27.39	29.98
Milk	107.60	108.62	111.41
Meat	17.27	17.70	18.33
Eggs	2.10	2.20	2.30
Edible oil	10.33	9.99	10.13
Caloric and protein availability			
Calories per day	2 534	2 360	2 318
Protein per day (gram)	65.47	62.02	62.10

Source: Planning and Development Division.

C. Water and sanitation

117. Provision of clean water and proper sanitation is inadequate. Only 45 per cent of the rural population have access to clean water and only 10 per cent to proper sanitation. Coverage is better in towns, but lack of sanitation and proper solid waste disposal are two of the many problems faced by the population residing in the katchi abadies of urban squatter settlements. Fortunately, experiments in community-based provision of water and sanitation have been successful, and are now receiving increased public sector support.

D. Literacy and education

118. The level of literacy is an important indicator of a country's well-being, as illiteracy perpetuates poverty across generations. According to the Economic Survey of Pakistan, 1991-92, the literacy rate is estimated at 34 per cent. The rate for males is estimated at 45.5 per cent while for females it was 21.3 per cent.

119. It is estimated that during 1991-92, an additional number of 1,270,000 children (923,000 male, 347,000 female) have been enrolled at the primary stage, 293,000 (172,000 male, 121,000 female) at the middle stage and 170,000 (112,000 male and 58,000 female) at the secondary stage. The number of female students enrolled up to the secondary stage is only one third of the total. Enrolment (estimated) in educational institutions for the years 1989-90, 1990-91 and 1991-92 is given in the following table:

Estimated enrolment in education

Institutions by kind, level and sex
(Progressive)

Level of education	1989-90	1990-91 (E)	% Increase	1991-92 (E)	% Increase
Total primary (I-V)	10 283	11 451	11.4	12 721	11.1
Female	3 337	3 689	10.5	4 036	9.4
Total middle (VI-VIII)	2 598	2 893	11.4	3 186	10.1
Female	771	879	16.3	1 018	13.5
Total high (IX-X)	912	1 068	17.1	1 220	14.2
Female	264	317	20.1	371	17.0
Total secondary/vocational	108	117	8.3	135	15.4
Female	33	35	6.1	39	11.4
Total arts and science colleges	469	496	5.8	527	6.3
Female	165	182	10.3	199	9.3
Total professional colleges	75	76	1.3	79	3.9
Female	19	20	5.3	22	10.0
Total universities (number)	73 382	77 400	5.5	82 040	6.0
Female (number)	10 310	10 600	2.8	10 887	2.7

Source: Economic Survey of Pakistan 1991-92.

E: Estimated.

120. Total outlays for education during 1991-92 is Rs. 27.79 billion (Rs. 3.70 billion development and Rs. 24.09 billion current expenditure) which is 17.9 per cent higher than last year's expenditure of Rs. 23.57 billion. Outlays for education in 1992-93 are 2.3 per cent of GNP showing the same level attained in 1990-91. (The recommended level prescribed by UNESCO is 4 per cent of GNP for developing countries).

121. Article 37 of Pakistan's Constitution provides that the State shall "remove illiteracy and provide free and compulsory secondary education within a minimum possible period". This is comparable to article 28 of the Convention. Primary education is thus a high priority area in Pakistan.

122. The primary school participation ratio in Pakistan is 83 per cent for boys and 49 per cent for girls. At the secondary level, it goes to 26 per cent boys and 11 per cent girls. There are twice as many primary schools for boys as for girls. Primary education in Pakistan is further characterized by drop-out and repeater rates which are considered to be among the highest in the world. Only 50 per cent of the students who enter primary school complete the five years of schooling. Students, on the average, go to school for 1.7 years, which is very low compared to the average year of schooling in other developing countries. As stated earlier during the 1990s, Pakistan will aim at a completion rate at the primary level of 80 per cent.

123. The limitations which have obstructed universalization of primary education include: (a) low female participation rates because of insecurity of girl students and distance of homes from schools; (b) rapid increase in the population of the 5-9 age group; (c) drop-out rate of up to 40 per cent; (d) lack of access to primary schools; (e) resource availability; (f) school hours; and (g) opportunity cost.

124. Despite limitations, Government has evinced keen interest in the expansion and promotion of primary education. A scheme of 50 per cent matching grants for the establishment of new schools and educational institutions has been launched to encourage the participation of the private sector in the field. Under the SAP, a sum of Rs. 1,773 million has been allocated for national and provincial education foundations to provide funds to the private sector and NGOs on a matching basis. Universalization of primary education (particularly among girls) is the focal point of the programme.

125. In order to increase the participation rate, the Government has launched a countrywide motivational campaign through radio and printed material to motivate parents/guardians to send their children for primary schooling.

126. Massive primary education projects for the universalization of primary education have been/are being launched with foreign assistance for qualitative improvement and quantitative expansion of primary education. Some of the projects are:

(a) Second Primary Education Project (Sindh, NWFP and Balochistan);

(b) Third Primary Education Project (Punjab);

(c) Asian Development Bank Girls' Primary Education Project (all provinces);

(d) Development of elementary education in Punjab; and

(e) Primary Education Expansion and Development Project (Sindh).

127. The Ministry of Education holds every year a National Conference of Primary Education Teachers with the following main objectives:

(a) To promote primary education;

(b) To ascertain the problems facing primary education and grass-roots-level teachers;

(c) To encourage healthy competition among the teachers of primary education; and

(d) To provide a forum to primary school teachers for exchange of experiences and to benefit from one another.

128. A hygiene project has been launched in Islamabad district with the assistance of UNDP/WHO. The main objective of the project is to train children/teachers of primary schools of rural areas of Islamabad to improve personal hygiene and sanitation in schools, at home and in the community through the preparation and inclusion of adequate learning modules in the curriculum of these schools and the construction of toilets/latrines and provision of safe drinking water facilities (water purifiers/filters) in the schools to complement the training.

129. A new tier of learning coordinators has been introduced in the primary education system to check the absenteeism of teachers and to provide professional support to teachers. The main emphasis has been on on-the-job training and retraining of teachers. The supervisory management components of primary education are being strengthened and improved through the establishment of a separate primary education directorate in the provinces.

130. In order to achieve universalization of primary education, a federal education fee shall be levied and collected from industrial concerns for the establishment of middle schools (class 1-8).

131. A resolution has also been passed by the Senate urging Government to ensure compulsory and free education to all its citizens at the primary level. The education departments of four provinces have been requested to initiate necessary steps/action for the implementation of the resolution.

E. Population welfare programme

132. Since the rapid growth of population has been nullifying the benefits of all development efforts, the Pakistan population welfare/family planning programme is being strengthened and expanded. The main objective of the programme is to bring down the population growth rate from 3.1 per cent in 1991-92 to 2.6 per cent by 2000. Efforts are being made to accelerate the

implementation of the programme by increasing the rural coverage from 5 per cent to 25 per cent and by introducing a family planning component in a phased manner in all the 7,804 rural health outlets. The main steps include:

(a) Training of lady doctors in contraceptive surgery at district and tehsil levels;

(b) Provision of mini-lap kits and other equipment;

(c) Setting up 130 mobile service units to cover larger villages where no health or family planning services exist;

(d) Involving 25 union councils, with the support of concerned members of National Assembly, for introduction of family planning on an incentive basis as part of the Tameer-e-Watan Programme;

(e) Ensuring effective use of communication by adopting a disaggregated approach and designing suitable material for various segments of society such as rural areas, the working class and educated persons so as to create awareness and reinforce social acceptability to a level where a small family norm becomes the way of life;

(f) Ensuring visible and sustained political support; and

(g) Creating divisional and tehsil tiers for strengthening the supervision and monitoring of the programme at the implementation level.

133. Achievement of the programme goals will reduce pressure on resources and the country will be able to manage socio-economic problems easily. The target seems to be within reach as general consciousness of the problem is increasing and a growing number of families are realizing that unchecked population growth is hampering their own well-being as well as national progress.

F. Children with disabilities

134. Reliable data about the incidence of disability among children are not available; disabilities, physical and mental, are widespread but under-reported. Lack of facilities to diagnose and treat disability, and a widespread fatalism, are causes of this under-reporting. One useful study was a survey of 2 million people is Islamabad and Rawalpindi districts conducted by the Directorate General of Special Education in 1986. The survey reported the prevalence of disability in the population as 2.6 per cent, as though some estimates derived from other micro-studies would greatly exceed this number. Physical disability at 33 per cent was the largest category. Children up to age 14 made up 43 per cent of the disabled, a very high proportion indeed.

135. In general, rural rates of disability are double the urban rates, with the exception of motor disabilities which are over three times more common in rural areas. The rate of all categories of severe disability is higher for boys than girls. The causes of disability are numerous and include:

(a) Malnutrition of mothers and children including micro-nutrient deficiency;

(b) Genetic factors;

(c) Prenatal or parental damage;

(d) Infectious diseases (including ear and eye infections);

(e) Other factors including environmental pollution.

136. Special education services for disabled children are inadequate. About 12,475 children in the age group 5-14 years are enrolled in 210 special education centres run by governmental and non-governmental organizations. Only a few children with minor disabilities attend the regular educational institutions.

137. New strategies have been adopted for delivery of services to the maximum number of disabled children particularly for rural areas and urban slums. Those programmes include community-based rehabilitation projects, outreach and integration. Special projects have also been launched for early detection of disabilities, vocational training of the disabled and training of personnel.

G. Children in difficult circumstances

1. The working child

138. Quantifying child labour in Pakistan is an almost impossible task. The 1981 census reported 2.01 million children between the ages of 10 and 14 as "working". A small increase in this figure would be consistent with the increase in population and the decrease in the age-specific labour force participation rate reported by successive labour force surveys. There were also 3.9 million girls aged between 10 and 14 reported as "housekeeping" in the 1981 census. This data does not cover children below the age of 10, and is also likely to underestimate children working on farms and in the urban informal sector.

139. A number of laws in Pakistan in fact ban the labour of children under the age of 15 in a variety of settings and regulate conditions of employment of youths between 15 and 18 years of age. Unfortunately, in spite of this legislation, child labour is still prevalent in the country due to prevailing economic conditions. However, the Governments and non-governmental organizations in the social welfare sector in collaboration with UNICEF are striving to reduce the exploitative nature of child labour. Accordingly, 176 centres for children working in different trades have been set up where they receive education, health care and recreational services. The employers and parents of these children cooperate fully in this scheme.

2. Children in institutions

140. The prevalence of the extended family system in Pakistan is a source of strength, especially for children. Physical disturbances of a routine nature in the family generally do not adversely affect children as much as they do in the industrialized countries. However, in case of dire destitution, breakdown of the family due to separation or divorce and at times due to the death of parents in an isolated family, children are rendered helpless. Children of

such families can be placed in children's homes, known as orphanages. About 5,000 children are currently living in 42 orphanages, including SOS Children Homes managed mainly by non-governmental organizations.

141. The problem of abandoned children is judged to be small in quantitative terms. Guardianship of abandoned babies is awarded, with priority to couples without children of their own. Very young children often accompany their accused or convicted mothers to jail. Such children are confined to jails with their mothers and are deprived of opportunities for normal life during a vitally important period of growth.

H. Children subject to abuse and neglect

142. Drug abuse affects more people than just the individual addict. The economic burden, the social problems of living with an addict, the increasing risk to children themselves being introduced to drugs or of being pushed to be drug couriers, all make drug abuse a great threat to children as well as women.

143. Article 33 of the Convention relates to the right of the child to protection from the use, production and distribution of drugs. As mentioned, Pakistan is a party to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Article 3(5)(g) of the Convention requires the parties to ensure that their courts and other competent authorities take cognizance of narcotic offences committed in a penal institution or in an educational institution or social service facility or in their immediate vicinity or in other places to which children and students resort for educational, sports and social activities. Accordingly, suitable provisions in the draft comprehensive Law on Narcotics have been incorporated in conformity with the above requirements and the country's own requirements. This will also meet the requirements of article 33 of the Convention on the Rights of the Child. The draft law is not yet finalized as comments from some international agencies are still awaited.

144. In the meantime, a number of administrative, social and educational measures have been taken through drugs demand-reduction projects/programmes, launched throughout the country. The Drug Abuse Prevention Resource Centre has been established to support and mobilize local, provincial and national efforts to control drug abuse in the society.

145. The Integrated Drug Demand Reduction Programme is an innovative and effective programme for the prevention and treatment of drug abuse. This project has four immediate objectives:

(a) To improve the competence of newly trained teachers in the application of an infusion approach to drug education;

(b) To promote more effective drug abuse treatment responses of professionals, volunteers and drug users;

(c) To support regional training and material resources for treatment;

(d) Establishment of prototype intervention teams for delivery of community-based activities such as seminars, workshops, counselling and referrals in drug-related matters.

It is hoped that the above measures/programmes will go a long way towards saving children from the menace of drug abuse.

I. Right to leisure, play and participation

146. In compliance with article 31 of the Convention, the Pakistan National Council of the Arts (PNCA) and Lok Virsa, under the Ministry of Culture and Sports, are already engaged in ensuring the provision of requisite facilities and environment to the child so that he/she can enjoy the right to leisure, play and participation in cultural and artistic activities covering multifarious fields such as music, dancing, speech, writing, painting, etc. A few of the activities undertaken are described below.

147. PNCA has established children's arts workshops all over Pakistan with the parent body in Islamabad. Provincial and city councils also have a separate section for children. In these workshops various activities like speech contests, essay writing contests and music competitions, both vocal and instrumental, are held.

148. Since its inception in 1973, PNCA arranged to send instructors to various schools for imparting training in music, painting and dance. Now, every institution in Islamabad and other urban areas has its own arrangements. They hold annual programmes based on various aspects of the arts.

149. The Ministry of Culture organizes melas and festivals exclusively for children especially on Universal Children's Day in which competitions in music and dance and contests in speech and essay writing are held. These festivals are held first at the provincial level and then on the national level: Prizes, certificates and trophies are awarded to the top position. Similarly, on Independence Day and Pakistan Day, melas and festivals for children are held all over Pakistan.

150. Encouraged and sponsored by the Ministry of Culture, child artists have participated in numerous exhibitions abroad. Their paintings have earned distinctions and recognition in international events held at different places.

151. There is a children's music group which has toured many countries and has received warm applause for their high-level performance and talent in music and dance.

152. The Ministry of Culture has been actively working on the concept of establishing children's palaces all over Pakistan. These palaces would provide training facilities for expression to the children after their school hours and during their long vacations.

J. Role of the media

153. Article 13 of the Convention relates to the media. The Constitution of the Islamic Republic of Pakistan provides for the right of the people to

freedom of expression, thought, conscience and religion. Already freedom of expression, association and thought is being practised in the country within legal and socio-cultural limits. The Government of Pakistan is doing its best to provide basic necessities and protect the rights of children in various spheres including education, health, etc. and other facilities required by children. Similarly, the media in Pakistan are also projecting and promoting the basic rights of children through various programmes. There is no bar to children having access to information except those limits provided by law and the moral and social code of society.

154. In pursuance of article 17 of the Convention regarding access to appropriate information to the child, the electronic media, i.e. radio and television have been devoting a substantial part of their programmes to the task of character-building of the children.

1. Radio

155. All the stations of the Pakistan Broadcasting Corporation have been broadcasting imaginative and innovative programmes on the survival, protection and development of the child. Such programmes, in national and regional languages, are broadcast under the institutional policy of Radio Pakistan which places a very high emphasis on the child's welfare and development in all regions. A special series of programmes devised at various stations of Radio Pakistan covering the following subjects:

(a) Rights of the child, especially of the girl child, within the framework of Islamic social order;

(b) Children to have access to free and compulsory primary education;

(c) Child labour and abuse of children;

(d) The Islamic concept of loving care of children, particularly compassion for orphans and underprivileged children;

(e) Communication support to child immunization programmes - motivation and advocacy;

(f) Communication support to oral rehydration therapy - motivation and practice;

(g) Child nutrition, health and hygiene and breast-feeding.

2. Television

156. Ever since its inception, PTV's telecast policy concerning various matters of national and international interest has been guided by the cardinal principle of educating children for their intellectual growth, and the values that are vitally important in building character.

3. The press

157. The print media have been publishing special features on aspects related to child survival, protection and development in addition to weekly magazines for women and children. Special supplements are also published to highlight children's issues on special days and occasions.

K. Capital punishment

158. Article 37(a) of the Convention provides that neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below 18 years of age. According to section 45(1) of the Punjab Youthful Offenders Ordinance, 1983 (and in similar laws in other provinces) no offender below the age of 15 years shall be sentenced to death or transportation or any imprisonment. However, a young person even below the age of 15 years who has reached puberty can be given the punishment prescribed by the hudood laws.

L. Social sector programmes

159. To further ensure implementation of the Convention, the concerned social sector departments of federal and provincial governments have been requested to review their current programmes and policies as well as existing legislation concerning their sector in order to harmonize those with the provisions of the convention; and suggest new legislation, if required, for the aforesaid purpose.

160. Apart from public sector programmes, the NGOs in Pakistan have played an important role in the realm of social welfare, especially in providing institutional care and services to the orphans, the needy and destitute children. Consequently, several child-specific welfare projects like Abandoned Babies Home, Creches for Children of Working Women, SOS Villages, educational institutions and health service outlets have been functioning under the aegis of various NGOs in different parts of the country. The NGOs' services, over the years, have increased widely in coverage. This has greatly augmented the Government's efforts in meeting the special needs of children.

M. General measures of implementation

161. In addition to the progress made in the vital areas discussed earlier, the steps described below have also been taken to implement the Convention.

162. The Prime Minister has established a National Children's Fund with an initial grant of US$ 2 million for programmes benefiting children. Donations to the Fund will be exempted from taxes.

163. The Bait-ul-Mal scheme has been commissioned as social security for the destitute and indigent. This scheme will protect children from abuse and exploitation due to the poverty of parents and guardians.

164. Special postage stamps were issued by the Pakistan Post Office Department on the eve of the World Summit (29 September 1992) and the SAARC Year of the Girl Child (21 November 1990).

165. The Prime Minister has advised parliamentarians to accord priority to children in Tameer-e-Watan programme as part of the SAP.

166. The Government has also adopted a National Programme of Action for Children with the priorities of education, health, nutrition as well as services for children in difficult circumstances.

167. Pamphlets on the rights of the child have been printed in English and Urdu (the national language of Pakistan) and widely circulated with the objective of making the rights of child widely known by children themselves as well as by other members of the society.

168. Efforts are afoot to include a chapter on the rights of the child in school curricula.

169. The orientation of teachers, NGOs and local councillors on the rights of children has been planned.

170. A booklet entitled "Discover the Working Child" has been printed with UNICEF's collaboration in order to highlight problems of working children and enlisting cooperation from the public in protecting the former from exploitation and restoring some of their basic rights. An Urdu version of the book has also been printed for wider understanding of the problems of working children and creating greater awareness of the problems of child workers.

171. The existing legislation concerning children is being compiled in a single comprehensive document. It will provide an overview to organizations and individuals about legal protection available for children.

172. The Law Commission has been asked to review the enforcement mechanisms of legislation concerning children in order to make them more effective.

173. Apart from the foregoing, conscious efforts are being made to introduce relevant provisions of the Convention in the ongoing special education and social welfare programmes in the country.

174. A National Task Force comprising representatives of relevant governmental and non-governmental organizations, headed by the Minister of Social Welfare, has recently been set up to speed up the pace of enforcement of the Convention.

175. Apart from some of the major areas falling within the ambit of the Convention discussed above, other substantive articles of the Convention dealing with areas like the right of the child not to be discriminated against by reason of race, colour, area of origin, ethnicity; the right of inheritance; protection of the law against interference or attack; the right to enjoy his or her own culture or profess and practise his religion or to use his own language; protection against deprivation of liberty unlawfully or arbitrarily, are provided for in the Constitution of Pakistan for all citizens, including children. As for eradication of illiteracy and provision of free compulsory education, the law does provide for compulsory primary education but due to various constraints it is not being enforced. As for the

orphans and handicapped, they are covered according to the general principles and teachings of Islam regarding orphans and destitute children. As regards special protection to be granted to refugee children, Pakistan has successfully tackled the problems of Afghan refugee children.

176. It is evident from the foregoing that Pakistan to a large measure has been able to meet its obligation under the Convention on the Rights of the Child. The process of enforcement of legislation in Pakistan to protect children from violation of their rights and enforcement of various provisions of the Convention on the Rights of the Child have been slow, as in other developing countries, because of the existing socio-economic milieu and financial constraints. As a result, a great number of children are still deprived of their basic rights which are vitally important for their survival, protection, development and general well-being.

V. CONSTRAINTS ENCOUNTERED IN IMPLEMENTATION OF THE CONVENTION

177. Ever since ratification of the Convention on the Rights of the Child by Pakistan, several preparatory steps have been taken with a view to examining the existing constitutional provisions and relevant laws in the light of various articles of the Convention. Accordingly, studies were undertaken, meetings and conferences held and consultations made with various federal ministries/divisions and the provincial governments which are concerned with the policy and implementation of various provisions of the Convention. As most of the articles of the Convention do not come into conflict with any provisions of the Constitution of Pakistan and Islamic precepts, efforts have been made to implement these provisions to the extent possible within Pakistan's socio-cultural and economic milieu. The progress made in this regard has, by no means, been small. Sufficient ground has been covered and the action plan, which is part of the Eighth Five-year Plan, prepares to do more substantial work in a planned and coordinated manner in the coming years.

A. Difficulties and constraints

178. During the process of implementation after ratification of the Convention by Pakistan on 12 November 1990, following factors and difficulties were encountered:

(a) Insufficient linkages, liaison and coordination between the concerned federal and provincial agencies and the policy-formulating and coordinating agency in respect of the Convention;

(b) Inadequate awareness among the general masses about the rights of the child;

(c) Ineffective enforcement of existing legislations and absence of legal coverage in certain areas;

(d) Resource constraints;

(e) Rapid population growth;

(f) Insufficient database information;

(g) Slow growth of institutions for child welfare, guidance and protection services.

B. Remedial measures

179. The proposals described in the following paragraphs are made to streamline the system and to develop a mechanism for effective implementation of the Convention and for the timely preparation of subsequent progress reports.

1. Linkage, liaison and coordination

180. An enthusiastic response has been evoked among the various concerned federal ministries/divisions and provincial governments to implement the Convention. But there has been little linkage, liaison and coordination among them, particularly with the National Commission for Child Welfare and Development (NCCWD), the policy-formulating and coordinating agency of the Convention for the Rights of the Child. An effective mechanism, the National Task Force, has, however, been formulated for this purpose.

2. Awareness campaign

181. Under the auspices of the public sector initiative, a more effective campaign will have to be launched to stimulate public awareness highlighting the nature and magnitude of the problem of the child population. The fact that children under 18 years of age constitute about half of the population and that on their proper nurturing, training and education hinge the future of the country and generations yet to come, should be effectively brought home to the people.

3. Effective enforcement of the existing laws affecting children

182. Although adequate legal provisions exist to regulate and guarantee the rights and privileges to the child, yet these legal provisions are not being implemented effectively for a variety of reasons; for example, there is a law concerning compulsory education, but it has not been implemented. Likewise, child labour laws exist but are not adequately enforced.

183. There is a need to initiate and enact new legislation ensuring certain rights of the child so as to harmonize as far as possible national laws and policies with the provisions of the Convention. All appropriate authorities need to be advised to take early necessary action accordingly.

4. Resource constraints and involvement of the voluntary sector and international agencies

184. The Government of Pakistan is making all-out efforts to mobilize its resources for ensuring adequate provision of funds for implementation of the National Plan of Action (NPA) for children but external support to supplement and reinforce the Government's efforts are needed. International assistance would be of great value in this regard. The responsibility and resources for

action in the social sectors, with the exception of social welfare, rest with the provincial governments. By the very nature and magnitude of the task involved in achieving the goals for children, the involvement of local communities and their representatives in the district and union councils is essential. The NPA provides the framework within which detailed and feasible programmes could be formulated at local level and coordinated by each of the provinces to achieve goals as stipulated in the Convention.

185. Pakistan respects the principle that meeting the basic needs of children should be the joint responsibility of the family, the community and the country. It is the policy of the Government, particularly in the context of the Eighth Plan, to step up investment in the social sectors, both for development and maintenance, by mobilizing domestic and external resources for primary education, basic health, nutrition and rural water supply. The goals of children and development in the 1990s are the leading edge of this national priority. However, nothing short of a national mobilization of financial and other resources would meet the demands represented by the goals set for children for the decade.

5. Rapid population growth

186. The number of children below 15 years of age, estimated at 52 million in 1990, is expected to rise to 74 million by the year 2000. As a proportion of the total population they were 41 per cent in 1961 and not less than 44 per cent by 1990. During these three decades, the number of females of child-bearing age has gone up from 7.6 million to 24.1 million. In 1990, only 11 per cent of married women had ever used any contraceptive method. The total fertility rate of 6.5 is significantly higher than the other countries of South Asia. The growth of population, at the current rate of 3.1 per cent a year, has slowed down progress towards social goals and has put severe strain on the rural and urban environments. At the same time the high birth rate is, to a considerable extent, a consequence of the relative neglect or failure of human development. It is imperative that immediate effective measures be taken to dampen the population growth.

6. Database information

187. It is necessary to strengthen the existing mechanism managed by the Federal Bureau of Statistics for regular collection at the district level of information/data relevant to the goals for children. Institutional arrangements should be specially developed to gather information and prepare indicators based on periodic performance of numerous projects and activities under a variety of agencies. Their quality and frequency need to be assured. The Federal Statistics Division has already identified social indicators for effecting implementation in the quality of life, on the basis of a workshop/seminar held at Lahore in 1991.

7. Monitoring mechanism

188. A strong monitoring mechanism should be developed to ensure effective implementation of each individual article of the Convention by the concerned government agencies and relevant NGOs. In case an article concerns more than one agency, the most relevant and suitable agency should be made principally

responsible to ensure proper understanding and implementation of provisions of that article. Legislative and administrative changes, if required, will be proposed by the National Commission for Child Welfare and Development.

189. NCCWD has been designated as lead agency for the purposes of implementation of the Convention. The administratively responsible agency would report the progress made and the difficulties encountered in the process of implementation with their possible remedies twice a year to the NCCWD.

8. Greater involvement of NGOs

190. Planned efforts shall be made to further mobilize the NGOs to play a greater and more effective role in supplementing government programmes, especially those designed to serve the child population of the country in a more systematic and holistic manner. Professional guidance and financial assistance may, however, be provided by the Government. Such an approach would, indeed, open up new vistas of service for the survival, protection and development of children.

9. Strengthening of NCCWD

191. At Federal level, located in the Special Education and Social Welfare Division, has been designated to coordinate policies related to children and monitor implementation of the Convention. At provincial government level, this task has been assigned to the respective commissions for child welfare and development in the directorates of social welfare departments. The commissions need to be strengthened in order to be more effective. Effective and more meaningful liaison should be established and a system for close collaboration with all concerned agencies in the Government and the NGOs devised so as to ensure proper implementation of the Convention and timely reporting on progress.

10. Effectiveness of the National Task Force

192. The National Task Force comprising representatives of relevant government departments and NGOs has since been set up to speed up the pace of implementation of the Convention. The Task Force shall be made effectively functional and a phased workplan developed to undertake the work of implementation in a more systematic manner.

CONCLUSIONS

193. The foregoing discussion reflects Government of Pakistan's commitment to the well-being of children. It also shows that adequate measures have been taken within the context of limitations to ensure implementation of various articles of the Convention of the Rights on the Child.

194. The NPA will serve as a 10-year perspective for the major elements of Pakistan's Social Action Programme. The SAP itself is among the main thrusts of the Eighth five-year Plan (1993-1998). Thus, the NPA, is not a self-terminating special programme to address an urgent or a specific problem but an essential part of the overall planning strategy, and a policy framework is being evolved for taking Pakistan into the twenty-first century.

195. In concluding, the Government of Pakistan's commitment to implement the Convention is reaffirmed. It is hoped that during the following years, greater support of all relevant governmental and non-governmental organizations will be mustered for the realization of the standards set by the Convention towards the survival, protection and development of children. It is also expected that UNICEF, along with UNESCO, WHO, ILO and other United Nations bodies, will continue to extend support in fulfilment of the objectives towards the realization of the rights of each child in Pakistan.